

PROPOSAL FOR A CONTINUING EDUCATION ACTIVITY

INDIAN HEALTH SERVICE CLINICAL SUPPORT CENTER
40 North Central Avenue, Suite 780, Phoenix, AZ 85004
(602) 364-7777 FAX (602) 364-7788

For more information visit our website at: <http://www.ihs.gov/MedicalPrograms/ClinicalSupportCenter/continuingEducation.cfm>

Please complete this form and send it to us as soon as you begin thinking about an activity. This form should be used for activities that are from three hours in length to several days (i.e., ½-day, full-day, 3-day conference, seminar, or workshop).

1. Title and brief description of the continuing education activity: _____

2. Goals of Activity: _____

3. Date(s) of Activity: _____ and times: from _____ to _____

4. Location of Activity: _____

5. Contact Person: _____ Title: _____

E-mail Address: _____

Address: _____ Phone: _____

City, State, Zip: _____ Fax: _____

Supporting Service Unit/Facility/ Organization: _____

☐ IHS ☐ Tribal/638 ☐ Urban ☐ Other (Please explain): _____

6. Target Audience (e.g., Internists, Outpatient Nurses, Pharmacists, etc.): _____

7. Type(s) of credit you are requesting: ☐ Physicians ☐ Nurses ☐ PAs ☐ *Pharmacists ☐ **AAFP (Family Physicians)

☐ Dental (Dentists/Dental Assts/Hygienists) ☐ Other (Please specify): _____

8. Who will be helping you plan the activity? *The Planning Committee MUST include at least one representative from each profession for which you plan to offer continuing education credit – Please provide actual names and credentials.*

9. Other Necessary Documentation Attached: ☐ Needs Assessment ☐ Itemized Agenda ☐ Objectives
☐ Faculty List ☐ Speaker Disclosure/Information Form ☐ Evaluation Tool ☐ Promotional Literature

10. Do you plan to repeat this CE activity during the coming 12 months? ☐ Yes ☐ No

If yes, when or how often? _____

The Accreditation Council for Pharmacy Education (ACPE) requires that a Pharmacist be a formal member of the continuing education activity's planning committee during the development stages. Additionally, ACPE requires that a proposal, complete with dates, speaker information, and session objectives, be submitted from us to them **30 days prior to the initial offering of each unique activity.*

As of October 1, 2005, the American Academy of Family Physicians will be charging the Indian Health Service for the review process for AAFP Prescribed Credit. The fees will be as follows: \$125 for an hourly series for one year; \$110 for a national conference; and \$60 for a regional or local conference. An additional charge of \$10 will be incurred each time a national or regional conference is repeated. There will be no charge for ACLS, PALS, and other life support courses. At this time, CSC is seeking funding so that these costs will not be passed on to our facilities and programs with no budget for CE activities. We ask only that you **make sure that your audience will use this AAFP credit before you check that box on the Proposal Form.